CHECK HERE IF YOU DID NOT OPERATE IN 2003

## **MULTI-DAY USE ONLY**

NATIONAL PARK SERVICE

	Lake Clark National Park & Preserve Business Name: Signature:																				
Business Name:												-									
	Enter monthly totals for the number of clients in each location															_	f -				
1) Date From	2) Date To	3) Total Number of Clients	4) Number of Days with Clients *						A STATE OF THE STA	eunguur Mi								THE STATE OF THE S	Other	Total User Days	6) Total Monitoring Fee Amounts #5 x \$6.00
	Please 3 only one location per line																				
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Total Payment Remitted With This Report: (#6 totals only)																					
					R	leports			ake Cl 4230	lark H Unive	stmarke leadqu ersity I orage,	iarters Drive,	s, Conc Suite 3	cession			ent to:				

Any amount not paid with this report will be subject to a late fee of \$50 for each 30-day period, or period thereof, plus an administrative charge of \$5.00 for each transaction related to the unpaid balance. *IBP Stipulation: Exhibit B.8(a)2*Authority to collect fee: Public Law 105-391

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Payment is due with this report.

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